PTO/SB/22 (12-04)
Approved for use through 07/31/2006. OMB 0651-0031
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PETITION	FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)					
,_	FY 2005	ZON-016					
	pursuant to the Consolidated Appropriations Act, 20	Filed	2/22/2004				
Application I		Filed 2/22/2004					
For IV	lethods and Apparatus for Generating	Strongly-Ionized P					
Art Unit	2821		Examiner Angela M. Lie				
This is a req application.	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The request	ed extension and fee are as follows (check t	time period desired ar	nd enter the appropri	iate fee below):			
		<u>Fee</u>	Small Entity Fee				
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$			
×	Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u>\$_225.00</u>			
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$			
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$			
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$			
X Applica	nt claims small entity status. See 37 CFR 1.	27.					
A chec	k in the amount of the fee is enclosed.						
Payme	nt by credit card. Form PTO-2038 is att	ached.					
The Di	rector has already been authorized to cl	harge fees in this a	pplication to a Dep	osit Account.			
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 501211 . I have enclosed a duplicate copy of this sheet.						
WARNIN		lic. Credit card informa	•				
Provide credit card information and authorization on PTO-2038.							
I am the	applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
attorney or agent of record. Registration Number 40,137							
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34							
	179 / 11		Octo	ber 18, 2005			
	Signature		Date				
	Kurt Rauschenbach	781.271.1503					
Typed or printed name			Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is req	uired, see below. of forms are s	submitted.					

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effect ADE pursuant to the Consolid	tive on 12/08/2	004.			Co	mplete if Known			
				Application Num	ber 10	/708,281			
FEE TR	KANS	IVII I I A	~L [Filing Date	2/	22/2004			
l Fo	r FY 20	005		First Named Inve	entor CI	nistyakov			
		0 - 07 OFD 4	07	Examiner Name	Ar	gela M. Lie			
X Applicant claims small	II entity status	. See 37 CFR 1.	21	Art Unit	28	2821			
TOTAL AMOUNT OF PAY	MENT (\$)	225.00		Attorney Docket	No. Z	ZON-016			
METHOD OF PAYMEN	IT (check all	that apply)							
Check Credit	Check Credit Card Money Order None Other (please identify):								
Deposit Account	Deposit Account	Number: 50121	1	Deposit Ac	count Name	:Rauschenbach Pa	tent Law Gr	oup, LLC	
For the above-ident	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any	Charge any additional fee(s) or underpayments of fee(s)								
under 37 CF	R 1.16 and 1. is form may be	17 come public. Cred	lit card info		• •	-	ride credit ca	rd	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEA					EV. 4 1 411	ATION CCCO			
	FILING F	ーヒにら mall Entity	SEARC	H FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description	D .!	11	20 1			l	Fee (\$) 50	<u>Fee (\$)</u> 25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
but madpendent train over 5 or, for realboard, takin madpendent train more than in the tribine parties							180		
Total Claims	Extra Claims	s Fee (\$)	Fee Pa	aid (\$)	Multiple	Dependent Claims			

Each mucpendent claim	over 5 or, for Ke	cissues, cac	n maepenaem	cianni more uian in me ori	gmai patem	200 1	00
Multiple dependent clair	ns					360 1	80
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Depende	ent Claims		
20 or HP =	x		=	Fee (\$)	Fee Paid (\$	1	
HP = highest number of total	claims paid for, if gre	eater than 20					
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	Fee Paid (\$)			-	
3 or HP =	x		.=				
HP = highest number of indep	pendent claims paid f	or, if greater th	an 3				
	drawings excee			application size fee due is C. 41(a)(1)(G) and 37 CF.	•	for small en	ntity)
Total Sheets	Extra Sheets	<u>Numb</u>	er of each additi	onal 50 or fraction thereof	Fee (\$)	Fee Paid	(\$)
- 100 =	/	/ 50 =	(round	up to a whole number) x		=	
4. OTHER FEE(S)						Fees Pai	id (\$)
Non-English Specifi	ication, \$130 f	ee (no smal	ll entity discour	ıt)			
Other: Two Month	Extension of Tim	ne				\$225.00	

SUBMITTED BY	1 21 0			
Signature	Fot Your	lend	Registration No. (Attorney/Agent) 40,137	Telephone 781.271.1503
Name (Print/Type	(a) Kurt Rauschenbach			Date October 18, 2005

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